C FI

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000353339 3)))



H190003533393ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number : (516)935-3089

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

CPA@ROSSSTRENT.COM Email Address:

# FLORIDA LIMITED LIABILITY CO. **TUNA COW, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### **TUNA COW. LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

12719 GILLARD ROAD WINTER GARDEN, FL 34787 12719 GILLARD ROAD WINTER GARDEN, FL 34787

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**CAROLYN AROTE** 

Name

12719 GILLARD ROAD

Florida street address (P.O. Box NOT acceptable)

WINTER GARDEN

er 34787

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the profisious of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605 Fr.S.

Registered Agents Signature (REQUIRED)

CAROLYN AROTE

(CONTINUED)

Page 1 of 2

H19000353339 3

<u>l'itle:</u> 'AMBR" = Authorized Member	Name and Address;
MGR" = Manager	CAROLVNI AROTE
AMBR	CAROLYN AROTE 12719 GILLARD ROAD
	· · · · · · · · · · · · · · · · · · ·
	WINTER GARDEN, FL 34787
(Use attachment if necessary)	
fective date is listed, the date must be of filing.)	ate of filing:
F. V: Effective date, if other than the defective date is listed, the date must be of filing.)	
E.V: Effective date, if other than the deective date is listed, the date must be of filing.)	
.E. V: Effective date, if other than the defective date is listed, the date must be of filling.)	
EV: Effective date, if other than the date	
E.V: Effective date, if other than the defective date is listed, the date must be of filing.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
E. V: Effective date, if other than the detective date is listed, the date must be of filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an autisorized representative of a member.  In 605.0203 (1) (b), Florida Statutes, the execution of this document
E. V: Effective date, if other than the decetive date is listed, the date must be of filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation)	member or an autilistized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document auder the penalties of perjury that the facts stated herein are true.
E.V: Effective date, if other than the defective date is listed, the date must be of filling.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an autisorized representative of a member.  In 605.0203 (1) (b), Florida Statutes, the execution of this document
E. V: Effective date, if other than the detective date is listed, the date must be of filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an autilistized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.

Page 2 of 2